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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/670,062	<b>FILING DATE</b> 09/26/2000	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3737	<b>ATTORNEY DOCKET NO.</b> 20000389 ORI
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**APPLICANTS**

Bradley J. Wessman, Maple Grove, MN ;

\*\* CONTINUING DATA \*\*\*\*\* *JO*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *JO*

IF REQUIRED, FOREIGN FILING LICENSE  
 GRANTED \*\* 11/30/2000

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature: <i>Sharonal O'Quinn</i> Initials: <i>JO</i>	<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 29	<b>INDEPENDENT CLAIMS</b> 5
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**ADDRESS**

Kevin W. Cyr, Esq.  
 NIKOLAI, MERSEREAU & DIETZ, P.A.  
 820 International Centre  
 900 Second Avenue South  
 Minneapolis, MN 55402-3813

**TITLE**

Medical lead and method for medical lead manufacture

<b>FILING FEE RECEIVED</b> 535	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit



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CONFIRMATION NO. 5103

<b>SERIAL NUMBER</b> 09/670,062	<b>FILING DATE</b> 09/26/2000 <b>RULE</b>	<b>CLASS</b> XXX	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> 20000389.ORI
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Bradley J. Wessman, Maple Grove, MN;  
\*\* CONTINUING DATA \*\*\*\*\*  
\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
\*\* 11/30/2000

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY MN	SHEETS DRAWING 6	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**  
36029

**TITLE**  
Medical lead and method for medical lead manufacture

<b>FILING FEE RECEIVED</b> 535	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
		<input type="checkbox"/> 1.18 Fees ( Issue )
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit